

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 05/21/01 and 05/24/01.
- b. The request was received on 05/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/07/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/08/02. The responses from the insurance carrier were received in the Division on 07/24/02 and 07/26/02.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/31/02
"You will find that the carrier denied the services originally stating that authorization was not obtained. Please find attached the carrier's own authorization letter authorizing three physical therapy visits....Therefore the authorization was followed."
2. Respondent: Letter dated 07/24/02
We received a 14-day notice on 6/12/02 but never received any additional documentation. Upon contacting TWCC, we were told that additional documentation

was sent and that we should respond even though we never got a copy of that documentation.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 05/21/01 and 05/24/01
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider’s TWCC-60, the amount billed is \$281.00; the amount paid is \$0.00; the amount in dispute is \$200.00.
3. The carrier denied the billed services by code, “A – PRE-AUTHORIZATION NOT OBTAINED.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/21/01 05/24/01	99213 99211	\$70.00 \$30.00	\$0.00 \$0.00	A A	\$48.00 \$18.00	Rule 134.600 (h)	Per Rule 134.600 (h), office visits do not require pre-authorization. Reimbursement in the amount of \$66.00 is recommended.
05/21/01 05/24/01	97014 97010 97250 97124 97035 97014	\$25.00 \$20.00 \$50.00 \$33.00 \$28.00 \$25.00	\$0.00 for all CPT codes in dispute	A for all CPT codes in dispute	\$15.00 \$11.00 \$43.00 \$28.00 \$22.00 \$15.00	Rule 134.600 (h) (10)	In accordance with Rule 134.600 (h) (10), the provider obtained pre-authorization as documented by a copy of the carrier’s confirmation letter dated 04/26/01 sent to the claimant with a “cc:” sent to the provider. The provider’s disputed dates of service fall within the carrier’s pre-authorization approval with the assigned number AKJ8D1-09-01 dated 04/26/01. Reimbursement in the amount of \$134.00 is recommended.
Totals		\$281.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$200.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 30th day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division